

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

99 OCT -7 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P97000014233**

GASPA ENTERPRISES, INC.

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address **8246 SW 103 AV.**

City and State **Miami, FL** Zip Code **33173**

3. If Principle Office Address is different from mailing address, enter address below:

Address

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

02/13/97

5. FEI Number

65-0748770

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, S, D	JAVIER GOMEZ	8246 S.W. 103 AV.	Miami, FL 33173

300003024373--4
-10/25/99--01130--001
*****\$300.00 ***\$300.00**

REGISTERED AGENT INFORMATION

3. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name

JAVIER GOMEZ

Street Address (Do NOT Use P.O. Box Number)

8246 SW 103 AV.

Street Address (Do NOT Use P.O. Box Number)

City

Miami

State

FL

Zip

33173

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Date **10/4/99**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director

Date **10/4/99**

Daytime Phone **(305) 666 7393**

Typed or printed name of signing officer or director

JAVIER GOMEZ

CR/END (F-99)